V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32461

FILED SEP 18 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8322

1589

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 15 hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~ 000

(c) City or town East Saint Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1207 South Compton 9
(If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ~~Baby~~ Infant Stanley Dunlap

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife -----

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased June 1, 1945
(Month) (Day) (Year)

8. AGE: Years 2 | Months 2 | Days 30 | If less than one day ... hr. ... min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business Infant

FATHER
12. Name Otha Dunlap
13. Birthplace Arkansas 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bernice Rich
15. Birthplace Meridan, Mississippi 1
(City, town, or county) (State or foreign country)

16. (a) Informant Otha Dunlap
(b) Address 1803 Market Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-2-47
(Month) (Day) (Year)
(c) Place: burial or cremation East Saint Louis Bookes Washington Cem.

18. (a) Signature of funeral director [signature]
(b) Address 3847 Page Blvd.

19. (a) SEP 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1947 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchi Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury ?

23. Signature [signature] (M. D. or other)
Address [signature] Date signed 9/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed M. Frances Nash

Licensed Embalmer No. 4434

P. O. Address 3847 Page

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.